

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10766860  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1✓					
2		1✓				
3	1✓					
4		2✓				
5		3✓				
6		3✓				
7	1✓					
8		1✓				
9	1✓					
10	1✓					
11		1✓				
12		2✓				
13	1✓					
14		3✓				
15	1✓					
16		2✓				
17	1✓					
18		1✓				
19	1✓					
20		3✓				
21		3✓				
22		3✓				
23	1✓					
24	1✓					
25		2✓				
26	1✓					
27		1✓				
28		2✓				
29	1✓					
30		3✓				
31	1✓					
32		0✓				
33	1✓					
34		1✓				
35	1✓					
36		3✓				
37		0✓				
38		3✓				
39	1✓					
40		1✓				
41	1✓					
42	1✓					
43		1✓				
44		3✓				
45	1✓					
46		0✓				
47	1✓					
48		1✓				
49						
50						
TOTAL IND.	21					
TOTAL DEP.	56					
TOTAL CLAIMS	73					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						